

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

9119

Registration District No.

791

Primary Registration District No.

1003

Registrar's No.

2602

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME Henry Irby

8. (b) If veteran, name war no 8. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sophia Irby 6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased September 15 1893
(Month) (Day) (Year)

8. AGE: Years 46 Months 6 Days 4 If less than one day
hr. min.

9. Birthplace Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Miner

11. Industry or business

MOTHER FATHER { 12. Name Edward Irby
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Nora Unk
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Sophia Irby
(b) Address 2648 Rutger St.

17. (a) Burial (b) Date thereof 3/21/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cem.

18. (a) Signature of funeral director E. J. Schnur
(b) Address E. J. Schnur 3125 Lafayette

19. (a) MAR 19 1940 (b) [Signature]
(Date of registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2648 Rutger St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19,
year 1940 hour 7:50 minute A. M.

21. I hereby certify that I attended the deceased from February
19, 19 40, to March 19, 19 40
that I last saw him alive on March 19, 19 40
and that death occurred on the date and hour stated above.

Immediate cause of death pulmonary tuberculosis
Due to _____
Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature David Friedman M.D. (M. D. or other)
Address 1515 Lafayette Date signed 3/19/40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Jose B. Kollmer

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

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